



### Special Circumstance Review 2016-17

Student Name: \_\_\_\_\_ Social Security: XXX-XX \_\_\_\_\_ Student ID: \_\_\_\_\_  
(last four digits only)

Please complete this form entirely and provide all required documentation. Requests for review that do not include required documentation will not be considered.

Please explain in detail the unusual or special circumstance that you were unable to address when completing the Free Application for Federal Student Aid (FAFSA). Please be as descriptive as possible. You may attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Reduction in Income

Person reporting a reduction in income: \_\_\_\_\_ Self Supporting Student \_\_\_\_\_ Parent(s) of a Dependent Student

If parent, please list parent's name: \_\_\_\_\_

Have you previously requested a review of your special circumstance? \_\_\_\_\_ No \_\_\_\_\_ Yes, in the year of \_\_\_\_\_

Have you or your spouse experienced a minimum of three months loss of income due to involuntary circumstances? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Cause of Reduction in Income

Please indicate below the cause of the reduction in your income:

- \_\_\_\_\_ Involuntary separation from employment      Effective date \_\_\_\_\_
- \_\_\_\_\_ Involuntary loss of income      Effective date \_\_\_\_\_
- \_\_\_\_\_ Death of spouse or parent      Effective date \_\_\_\_\_
- \_\_\_\_\_ Divorce or separation      Effective date \_\_\_\_\_
- \_\_\_\_\_ Disability of student, spouse, or parent      Effective date \_\_\_\_\_
- \_\_\_\_\_ Decision to leave work and return to school      Effective date \_\_\_\_\_
- \_\_\_\_\_ Other, please describe      Effective date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED ON OTHER SIDE**

**Anticipated Income for Calendar Year 2016**

Please estimate your expected annual income in the year of 2016. Report the following information for yourself and your spouse, if applicable, or your parent(s). If the loss of income is due to the death of a spouse or parent, give only the information for you or the surviving parent.

Expected Annual Income January 1, 2016 through December 31, 2016	Student	Spouse	Parent 1	Parent 2
Wages, tips, salaries Include severance pay, disability payments, taxable combat pay, and any income earned from work.	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Other taxable income Source: _____	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Other untaxed income Source: _____	\$	\$	\$	\$
<b>Total Expected Annual Income</b>	\$	\$	\$	\$

**Supporting Documentation**

- Statement of Unemployment Benefits, if received Yes    No
- Letter from previous employer (on company letterhead) indicating start and end dates of employment Yes    No
- DD214 if recently separated from the military Yes    No
- If reporting separation or divorce, appropriate court documents indicating date of separation or divorce Yes    No

**Note:** If you have not previously submitted the following verification forms, please do so **before** submitting this Special Circumstances Request:

- 2015 Federal Tax Transcript for student /spouse and/or parent(s).
- 2016-2017 Verification Worksheet completed with appropriate signatures and documentation.

***My signature certifies that the information provided is true and correct and that I am providing an accurate description of my financial situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Reviewed by Coordinator Initials _____ Date _____  Scanned and sent to Central Financial Aid Initials _____ Date _____
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